STATEMENT OF

RECEIVED 7

FEC FORM 1		ORGANIZATION					FEC MAU CENTER			
1. NAME OF COMMITTEE (in	n full)		heck if name changed)		mple:If typing, type the lines.	12FE			/ ₁	
WILLIAMS MULLEN POLITICAL ACTION COMMITTEE										
	<u> </u>	1-1-1-1							ليبيا	
ADDRESS (number and street) (Check if address is changed)		1666 K STREET, NW SUITE 1200								
			HINGT			DC	20	0006	- -	
				CITY		STATE		ZIP C	ODE	
COMMITTEE'S E-MA	address			_	dress) ncast,net	1111				
COMMITTEE'S WEB PAGE ADDRESS (URL)										
(Check if is change						 				
2. DATE 03	8 8	<u> </u>	12							
3. FEC IDENTIFICATION NUMBER										
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A	\)				
I certify that I have	examined th	is Statemen	nt and to the b	est of my	knowledge and bel	ief it is true, c	correct and	d complete.		
Type or Print Name	of Treasure	Mich	nael J. I	Ferrel	<u> </u>					
Signature of Treasur	er <u> </u>	My	rel/X	me	<u></u>	Date	03	6 7	2012	
NOTE: Submission of	•	•	•	•	eject the person sign	_		penalties of	2 U.S.C. §437g.	
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